

Review Requirements Checklist
GROUP ACCIDENT AND SICKNESS (2 OF 2)

REVIEW REQUIREMENTS	REFERENCES	COMMENTS
General Filing Requirements		
Transmittal Letter	14 VAC 5-100-40	Must be submitted in duplicate for each filing, describing each form, its intended use and kind of insurance provided.
	14 VAC 5-100-40 1	Forms submitted and described in transmittal letter must have a number that consists of digits, letters or a combination of both. (Our system limits the number of characters to 20, including spaces, commas, hyphens, etc.)
	14 VAC 5-100-40 2	Must clearly indicate if forms are replacements, revisions, or modifications of previously approved forms and describe the exact changes that are intended.
	14 VAC 5-100-40 3	Certification of Compliance signed by General Counsel or officer of company or attorney or actuary representing company is required.
	14 VAC 5-100-40 5	Description of market for which form is intended.
	14 VAC 5-100-40 6	At least one copy of each form must be included in the filing. A duplicate copy of forms must be submitted if the company wants a "stamped" copy of forms for its records. A stamped self-addressed return envelope is required. The letter of transmittal must be addressed to, State Corporation Commission, Bureau of Insurance, P. O. Box 1157, Richmond, VA 23218.
	Administrative Letter 1983-7	Must include the name and individual NAIC number of the company for which the filing is made.
Forms		
Form Number	14 VAC 5-100-50 1	Form number must appear in lower left-hand corner of first page of each form.
Company name & address	14 VAC 5-100-50 2	Full and proper corporate name (including "Inc.") must prominently appear on cover sheet of all policies and other forms. Home office address of insurer must prominently appear on each policy.
Final form	14 VAC 5-100-50 3	Form must be submitted in the final form in which it will be issued and completed in "John Doe" fashion to indicate its intended use.
Application	14 VAC 5-100-50 4	Any policy, which is to be issued with an attached application, must be filed with a copy of the application completed in "John Doe" fashion to indicate its intended use. (If application was previously approved, advise date of approval.)
Type size	14 VAC 5-100-50 5	Accident and Sickness forms must be printed with type size of at least ten-point type. All other forms must be printed with type size of at least eight-point.
Arbitration	§ 38.2-312	Contract may not deprive courts of Virginia jurisdiction in actions against insurer. Arbitration may not be binding.
Fraud Notice	§ 38.2-316 D 1	Title 38.2 of the Insurance Code does not define "Insurance Fraud". Any notice regarding insurance fraud is in non-compliance with this section of the Code. Variations in a notice warning of consequences of making fraudulent statements are acceptable. The notice may disclose that it does not apply to Virginia or may disclose states where applicable.

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<i>Other Filing Requirements</i>		
MCHIPS Disclosures and Representations to Enrollees	§ 38.2-5803 A	This section stipulates certain disclosures/representations which MCHIPS must provide to all covered persons at the time of enrollment or at the time the contract/EOC is issued. and which shall be made available upon request or at least annually.
Group A&S Definitions	§ 38.2-3521.1	This section provides that no policy or group accident and sickness insurance shall be delivered in this Commonwealth unless it conforms to one of the listed definitions.
Non-Defined Groups	§ 38.2-3522.1	Group A&S insurance offered to a resident of this Commonwealth under a policy issued to a group other than one described in Section 38.2-3521.1 shall be subject to certain requirements for policies issued in Virginia or in other states.
Policies Issued Outside of Virginia	§ 38.2-3523.2	Policies issued outside of this Commonwealth, providing coverage to residents of this Commonwealth, that do not qualify under Sections 38.2-3521.1 or 38.2-3522.1 shall be subject to the statutory requirements of this title.
Breast Cancer Underwriting and Preexisting Conditions Restrictions	§ 38.2-3407.11:3	Plan is prohibited from denying the issuance of renewal of coverage, or from canceling such coverage, or from including the exception or exclusion of benefits based solely on the member having a high risk of breast cancer or having had breast cancer, and but having been cancer free for 5 years or more.
Point-of-Service Plans Notice and Certification	§ 38.2-3407.12 H	Carriers shall be required to disclose prominently in all group health benefit plans and marketing materials utilized with respect to such group health benefit plans that the scope of benefits provided under the point-of-service option are at least as great as those provided through the HMO's health care plan for that group. A certification signed by an officer of the filing carrier shall be provided with each filing.
Coverage for Infant Hearing Screening and Audiological Examinations	§ 38.2-3411.4	Plan must provide coverage for infant hearing screenings and all necessary audiological examinations pursuant to Section 32.1-64.1, using technology approved by the U.S.F.D.A. and, as recommended by the national Joint Committee on Infant Hearing. Coverage must include any follow-up audiological examinations recommended by a physician or audiologist and performed by a licensed audiologist to confirm the existence or absence of hearing loss.
Requirements/Standards for Utilization Review	§ 32.1-137.9	This section provides for certain criteria and standards to be applied in utilization review determinations.

Access to Administrative Letters, Administrative Orders, Regulations and Laws is available at
<http://www.state.va.us/scc/division/boi/webpages/administrativeltrs.htm>

The Life and Health Division, Forms and Rates Section handles group accident and sickness insurance. Please contact this section at (804) 371-9110 if you have questions or need additional information about this line of insurance.

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I hereby certify that I have reviewed the attached group accident and sickness filing and determined that it is in compliance with the group accident and sickness checklist.

Signed: _____

Name (please print): _____

Company Name: _____

Date: _____ Phone No: () _____ FAX No: () _____

E-Mail Address: _____